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CONFIRMATION NO. 4175

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|---|---|---------------------|---|--|
| SERIAL NUMBER 10/801,592 | FILING OR 371(c) DATE 03/17/2004 RULE | CLASS 424 | GROUP ART UNIT 1655 | ATTORNEY DOCKET NO. BONN-101-A |
| APPLICANTS Marie-Christine Seguin, Residence Not Provided; | | | | |
| ** CONTINUING DATA ***** This application is a DIV of 10/404,058 04/02/2003 PAT 6,905,690 | | | | |
| ** FOREIGN APPLICATIONS ***** MONACO 002484 04/05/2002 | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/02/2004 | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged | | STATE OR COUNTRY | SHEETS DRAWING 0 | TOTAL CLAIMS 18 |
| Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | | | | INDEPENDENT CLAIMS 1 |
| ADDRESS 32954 | | | | |
| TITLE Citrullinylarginine dipeptide analogs and their dermatological uses as care and treatment agents | | | | |
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |